

# Escalated Care Pathway (ECP)

Implementing a South Island IDT Care Pathway for Back,  
Knee and Shoulder Injuries



# ECP History

- 2018 –develop innovative Care Pathways based on outcomes not inputs
- Aimed “to address the fragmented management of treatment and rehabilitation that impacts client experience and outcomes” for back, knee and shoulders (high cost)
- We built an outcomes-based program based around where the patient wanted to receive care and leveraging our provider network
- Resolved some systemic issues by
  - Bundled health care funding
  - Having a nationally scalable service
  - Coordinating care across allied health, GPs, Specialists, Employers
  - Implemented Health Navigators - hub for communication
  - Worked with surgeons to improve quality of referrals and minimise delays
  - Pre-approved surgical codes
  - Worked with funders to remove administrative burdens (tight, loose, tight)



# What's different

## Collaboration across primary, secondary care

### Data informed

1. Pre-determined referral by industry. **(no waiting)**
2. E-triage by clinical team to determine if patient meets the entry criteria. **(PT and Specialist/GP)**
3. An interdisciplinary team establishes:
  - The best clinical pathway (surgical or non-surgical) **(pre-approved surgical codes)**
  - The appropriate mix of services to facilitate the best outcome for the Client **(non transactional care)**
  - Further investigation as required **(before FSA)**
  - The appropriate funding bundle **(based on complexity)**
4. Low-friction delivery of rehabilitation, return to work, allied health and surgical services. **(wrap around, collaboratively and monitored)**
5. Use of standardised outcome measures along the patients journey to monitor progress. **(lean in and out)**
6. Functional assessment on discharge to determine when a patient has achieved a state of recovery, such that they can be exited from the ECP service.

**No referral or case management from ACC – less delays as managed by our Health Navigators**

# Summary of our journey

- So far we have had 2000 people through – 1000 have recovered
- Generating a rich source of data collection across the recovery pathway
- Monthly reporting back to funders for accountability
- 18 months left

## Habit Health: Southern Rehab Escalated Care Pathway (ECP) July 2022 - A Clinical Update

A fully funded ACC programme for patients with lower back, shoulder and knee injuries.

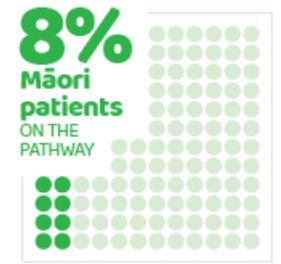
We have seen **2057 people** across the South Island to date.

A total of **1007 people** recovered.

100% of our referrals come from primary care.  
On average they are arriving 44 days following their injury.



Who are we seeing on the pathway:



INJURY TYPE (ECP)	SURGICAL PATHWAY	NON-SURGICAL PATHWAY	SURGICAL CONVERSION
Shoulder	29%	71%	48%
Spine	25%	75%	46%
Knee	42%	58%	63%

## Is it better?

- Time to enter 'probably okay – could be tighter'
- Significant reduction in time to FSA
- Significant reduction in time to surgery
- More appropriate people
- PROM/PREMS (satisfaction and outcomes)
- Surgical prevention / conversion
- Conservative pathways

### Habit Health ECP non-surgical recovery pathway:



TOTAL TIME:  
**19 weeks**

**45**  
days

Injury date to acceptance onto ECP pathway (median)

**1**  
day

Receipt of referral to review of referral (e-triage)

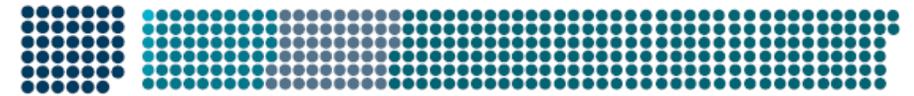
**5**  
days

E-Triage review to IDT Assessment

**128**  
days

Rehabilitation to discharge

### Habit Health ECP surgical recovery pathway:



TOTAL TIME:  
**39 weeks**

**41**  
days

Injury date to acceptance onto ECP pathway (median)

**1**  
day

Receipt of referral to review of referral (e-triage)

**4**  
days

E-Triage review to IDT Assessment

**47**  
days

IDT assessment to 1st Surgical Appointment

**47**  
days

First surgical assessment to surgery

**175**  
days

Post-operative rehabilitation to discharge

### Historical ACC surgical recovery pathway

(Matched to Escalated Care Pathway cohort). Non-Surgical Pathway data was not able to be identified.

TOTAL TIME:  
**90 weeks**

Historical

Average time seeking treatment

UNKNOWN

Registration of claim to first surgical assessment

140 DAYS

First surgical assessment to surgery

161 DAYS

Post-operative rehabilitation to discharge

322 DAYS

### What are our results:

PREMS/PROMS



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# Addressing Health Inequities

Designed for low barrier to access

- Simple Entry Criteria
- Multiple Entry Points
  - Including Self referral and by ACC directly
  - Don't have to see a GP (cost)
- Wrap around care with Health Navigators walking alongside the patient and their family/whanau to access care and support
- Fully funded so no co-payment
- Not purchasing components of rehabilitation in isolation so true Interdisciplinary Team funded in the right way.
- Multiple health partners co-ordinated 'under one roof'

## Which patients are right for Escalated Care Pathway?

Patients in the South Island\* with lower back, shoulder and knee conditions that aren't improving with normal primary care treatment or who have significant injuries (surgical or non-surgical) are eligible for the programme.

Eligible knee, shoulder or lumbar spine patients will meet any of the following criteria:

- > Significant mechanism of injury
- > Significant injury/signs and symptoms
- > Unresolving symptoms after 6 weeks
- > Off work longer than 2 weeks or at risk of going off work
- > Not improving as expected with conservative treatment
- > Other risk factors, e.g. multiple medications or social factors that require wrap-around support

# Implementation / Translation to Practice

## Our challenges

- Two years to implement from 1 to 240 referrals per month – supported by ACC
- Allied health lead MSK works, is cost and time effective.
- Initially Orthopedic colleagues were hesitant to engage, now seeing better referrals, worked up cases, pre-approved surgical codes and improved outcomes.
- Usual barrier of medical information moving around – we are still doing a lot of manual lifting, sending of letters and updates – ‘health navigation’
- Need to deliver individualized care at a scaled level. Putting in place automated checks and supported by digital health

## Policy or process changes?

- Can we manage injury and non-injury related MSK dysfunction the same
- **When healthcare is purchased as a package, it can be delivered as a package. When its purchased in silo’s it will be delivered in silo’s.**
- But there are commercial, political, geographical and personal challenges to do this!